



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
DAILY MENU PLANNING AND PRODUCTION

NAME OF CENTER/FACILITY _____

DATE _____

MEAL PATTERN	MENU	FOOD ITEM USED	AMOUNT OF FOOD USED	NUMBER SERVED	
				Participants	Adults
BREAKFAST					
Milk, fluid					
Juice, Fruit or Vegetable					
Grains/Bread including cereal					
Other foods					
A.M. SNACK (Select two of these four components)					
Milk, fluid					
Juice, Fruit or Vegetable					
Grains/Bread including cereal					
Meat/Meat Alternate					
Other Foods					

DAILY MENU PLANNING AND PRODUCTION WORKSHEET

MEAL PATTERN	MENU	FOOD ITEM USED	AMOUNT OF FOOD USED	NUMBER SERVED	
				Participants	Adults
LUNCH					
Milk, fluid					
Meat/Meat Alternate					
Vegetables &/or Fruits (2 or more)					
Grains/Bread					
Other Foods					
P.M. SNACK (Select two of these four components)					
Milk, fluid					
Juice, Fruit or Vegetable					
Grains/Bread including cereal					
Meat/Meat Alternate					
Other Foods					
SUPPER					
Milk, fluid					
Meat/Meat Alternate					
Vegetables &/or Fruits (2 or more)					
Grains/Bread					
Other Foods					